



THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent No. 7,125,815 B2
Patent Issue Date October 24, 2006
Application Serial No. 10/615,051
Filing Date July 7, 2003
Assignee Micron Technology, Inc.
Inventor Brian Vaartstra
Attorney's Docket No. MI22-2308
Title: Methods of Forming a Phosphorous Doped Silicon Dioxide Comprising Layer

REQUEST FOR CERTIFICATE OF CORRECTION OF PATENT
FOR APPLICANT MISTAKES and PTO MISTAKES
(37 C.F.R. §§ 1.322(a) and 1.323)

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
ATTN: Decision and Certificate of Correction
Branch of the Patent Issue Division

From: Mark S. Matkin (Tel. 509-624-4276; Fax 509-838-3424)
Wells St. John P.S.
601 West First Avenue, Suite 1300
Spokane, WA 99201-3828

Sir:

It is hereby requested that a Certificate of Correction be issued with respect to Patent No. 7,125,815 B2, granted October 24, 2006, in accordance with the Certificate of Correction form attached hereto in duplicate.

It is noted that an error appears in this patent of a typographical nature or character, as more fully described below. The error occurred in good faith. Correction thereof does not involve such changes in the patent as would constitute new matter or would require re-examination.

03/02/2007 SSESHE1 00000040 7125815

01 FC:1811

100.00 OP

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The exact page and line number where the error occurs in the application file are:

Page 9, line 6 in the Specification/Col. 3, line 56 in the issued patent

Another error listed on the Certificate of Correction form was apparently incurred through the fault of the PTO as will be disclosed by the records of files in the Office. The exact page and line number where the error occurs in the patent are:

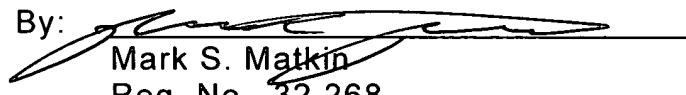
Col. 1, line 47 in the issued patent

Attached hereto, in duplicate, is Form PTO-1050, with at least one copy being suitable for printing.

Enclosed is a check in the amount of \$100.00, as required by 37 CFR § 1.20(a).

Respectfully submitted,

Dated: 2-27-07

By: 
Mark S. Matkin
Reg. No. 32,268

UNITED STATES PATENT AND TRADEMARK OFFICE CERTIFICATE OF CORRECTION

Page 1 of 1

PATENT NO. : 7,125,815 B2

APPLICATION NO.: 10/615,051

ISSUE DATE : October 24, 2006

INVENTOR(S) : Brian A. Vaartstra

It is certified that an error appears or errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

At Column 1, Line 47:

Replace "forming a phosphorus"
With --forming phosphorus--

At Column 3, Line 56:

Replace "methyaluminum"
With --methylaluminum--

MAILING ADDRESS OF SENDER (Please do not use customer number below):

Wells St. John P.S.
601 West First Avenue, Suite 1300
Spokane, WA 99201-3828

This collection of information is required by 37 CFR 1.322, 1.323, and 1.324. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.0 hour to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Attention Certificate of Corrections Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Page 1 of 1

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Effective on 12/08/2004.

Fee Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2007

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
 100.00
Complete if Known

Application Number	10/615,051
Filing Date	July 7, 2003
First Named Inventor	Brian A. Vaartstra
Patent Number	7,125,815 B2
Issue Date	October 24, 2006
Attorney Docket No.	MI22-2308

METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order None Other (please identify): _____

 Deposit Account Deposit Account Number: 23-0925 Deposit Account Name: Wells St. John P.S.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Small Entity</u>	<u>Fee (\$)</u>
	- 20 or HP =	x	=		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
				HP = highest number of total claims paid for, if greater than 20.	50	25

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	- 3 or HP =	x	=		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
				HP = highest number of independent claims paid for, if greater than 3.	200	100

3. APPLICATION SIZE FEE

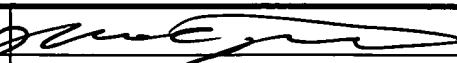
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =		/ 50 = (round up to a whole number) x		=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Certificate of Correction 100**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 32,268	Telephone (509) 624-4276
Name (Print/Type)	Mark S. Matkin	Date	2-27-07

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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U.S. PATENT & TRADEMARK OFFICE
FEE TRANSMITTAL

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

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Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
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Complete if Known	
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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
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Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

	Small Entity
Each claim over 20 (including Reissues)	50 25
Each independent claim over 3 (including Reissues)	200 100
Multiple dependent claims	360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	Fee (\$)	Fee (\$)
- 20 or HP =	x	=		50	25	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=		360	180	

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Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Certificate of Correction

Fees Paid (\$)

100

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 32,268	Telephone (509) 624-4276
Name (Print/Type)	Mark S. Matkin	Date	2-27-07

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TRANSMITTAL FORM

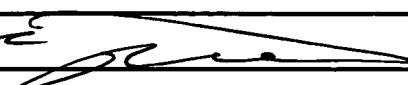
(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/615,051
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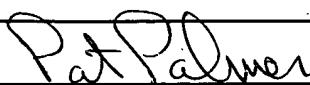
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard; Check for \$100.00; Request for Certificate of Correction for Applicant and PTO Mistakes; Two (2) Certificates of Correction
<input type="checkbox"/> Remarks Customer No. 021567.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Wells St. John P.S.		
Signature			
Printed name	Mark S. Matkin		
Date	2-27-07	Reg. No.	32,268

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Pat Palmer	Date	02/27/07

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